FOR INSTRUCTIONS, SEE BACK OF FORM

Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

File with

DISCLOSURE SUMMARY PAGE CAMPAIGN DISCLOSURE BD. Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be read AN -9 PM 3: 29

Reset Form

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

COMMITTEE NAME (Must be same as on Statement of Organization) Fagan for Cedar Rapids FORM IMPORTANT: Indicate by # type of committee you are reporting for: DR-2 DISCLOSURE (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (Rev. 12/2009) (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC REPORT For Office Use Only Comm. # 135 CANDIDATE COMMITTEES ONLY: Candidate Name Logged In Political Party (if applicable) Brian Fagan Scanned Computer Office Sought District (if Senate or House) Audited Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports. SIGNATURE OF PERSON FILING REPORT DATE SIGNED I AM FILING A DR-2 January 19, 2014 REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. (report date) Indicate by # 2 ☐CHECK IF AMENDMENT TO REPORT DATED _ Local Committees, enter Date of Election Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed.) County & Local Committees, enter County in which Election is held STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)\$ 3,828.50 ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) 3,832.97 SUB-TOTAL....\$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)...... Schedule F: Loan Repayments total (Attach Schedule F)..... CASH ON HAND at the end of this reporting period (if final report balance must be zero)\$ 3,832,97 **UNPAID BILLS (From Schedule D - Attach Schedule D)......\$ **OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$ CONSULTANT BREAKDOWN (Schedule G Attached?) YES ____NO CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

IA ETHICS AND CAMPAIGN DISCLOSURE B

Reset Form

SCHEDULE			
A (Rev. 12/13)	MONETARY RECEIPTS		
CHEC	CK THIS BOX IF		

CONTRIBUTIONS -- MONEY TAKEN IN (Including candidate's personal funds)

2014 JAN - 9 PM 3: 29

COMMITTEE NAME (Must be same as on Statement of Organization)

AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE 10WA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

FOR DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF
(MINDER TIX)	NUMBER		(if applicable)	THE CLIVED	FUND- RAISER
	ID#	D. I.			INCOME
12.31,13	CK#	Bankers Trust 221 Third Aveneu SE, Ste. 150 Cedar Rapids, IA 52401		\$4.47	
	ID#	Tupido, IN 32401			
	CK#				
	ID#		***		
	CK#				
	ID#				
	CK#				
	ID#		***		
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	CK#				
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	CK#				
	ID#				
	CK#				
			UB-TOTAL		
Disclosure law roa	TOTAL (if last page of this schedule			\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no Page of papilicable" in the relationship column.